

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		6				
8		6				
9		6				
10	1					
11		1				
12		1				
13		1				
14		1				
15		1				
16		6				
17		6				
18		7				
19		1				
20		1				
21	1					
22		1				
23		1				
24		1				
25		1				
26		1				
27		6				
28		(1)				
29		1				
30		1				
31		1				
32						
33						
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39						
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	58					
TOTAL CLAIMS	61					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						